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ABSTRACT

The variability in roles assumed by school psychologists suggests the possibility that school psychologists cannot be adequately described by a single model but rather there may well be a need for several. Rather than banish the old clinical model, a new model "Clinical Restorative" model is proposed. This model takes advantage of the knowledge and desirable features of the old model but also incorporates new knowledge and direction. This model would allow the psychologist in the schools to work with those students not reached through classroom consultation or through school wide or community wide intervention programs. The psychologist would act as a direct agent of behavior change rather than a consultant. An emphasis is placed on restoration implying treatment and/or remediation and in any event a change in behavior. A single treatment method or theoretical orientation is not presumed. The school psychologist operating under this model could utilize: 1) family therapy; 2) encounter groups; and 3) assessment if necessary. (KJ)

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The Clinical-Restorative Model

or

The School Psychologist as an Agent for Positive Behavior Change[1].

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Historically school psychology has been defined in terms of a clinical model of sorts. As we have attempted to develop new and better models for school psychology, the old model has tended to assume the role of a straw man. It is convenient to have a straw man available since as long as he retains his general character, he can be given attributes that he does not possess and can have some taken away from him that he might wish to retain. Then virtually any new model looks good by comparison.

Thus recently the clinical model has been seen as an anachronistic one which perhaps never was much good and which now certainly is outmoded. The school psychologist functioning according to this model engages in menial intelligence testing, irrelevant personality assessment, and if he treats, it is ineffective or superficial. He administers WISC's and Stanford-Binets to categorize retarded children so that school systems might receive financial aid. He gives TATs, Rorschachs, and Figure Drawing tests to children to obtain data about which he can write jargon filled reports that can safely be tucked away in the students' cumulative records after they have been counted to satisfy the administrators.

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It is difficult to think that this kind of model, whether fact or fiction, (and we did say it was a straw man) would be appealing to working school psychologists, those who purchase their services, or those who are thinking about entering the field. Practicing school psychologists would generally note that the model is neither appropriate for describing what they do, nor is it heuristic for the development of effective programs.

The absence of an up-to-date comprehensive and appealing model has made for much discussion, many papers, and also rather obviously has led to this symposium. The variability in the roles assumed by school psychologists has also suggested the possibility that school psychologists can not be adequately described by a single model but rather there may well be a need for several.

Although there are disadvantages inherent in multiple models within the field, there is also appeal in not defining school psychologists in terms of a single role or function. In fact the possibility of specialization may help keep alive the notion that no single approach is likely to be maximally effective for all children. I should note that although I began working on this paper with the intent of building a case for specialization, I would now prefer to call it relative emphasis in training and practice. For me, one of the attractions for school psychology is the possibility of engaging in a variety of activities. Those of us who have been in the field for some time recognize that approaches come and go in working with children who have problems, and that while none are likely to be totally effective, many are likely to make some kind of a contribution and thus become available for our use.

Currently there is much interest in improving the effectiveness and the relevance of school psychologists. Generally this entails espousing

programs which are broad in scope so that the services of a few psychologists can be spread to many children, and these programs ideally are preventative in nature. Although it is impossible to argue against the notion of extending psychological services by preventing the occurrence of psychological problems, it must be acknowledged that we are at least some distance from that goal. Thus we do have children in our school systems who were there before their problems could be prevented. It is also unlikely that at least at the beginning and certainly for a long time thereafter, there is going to be any kind of total effectiveness in these preventative programs. There is a need to attend to these children and not just wastebasket them to a special room for the emotionally disturbed or learning disabled, the way we have wastebasketed the mentally retarded. Even though as others on the symposium will point out, it is possible to deal with many problems in the classroom with the teacher working as the primary agent through the consultative services of school psychologists, it is likely that many problems will not be amenable to this approach.

In addition to problems which are difficult to deal with in the classroom and which may demand more of the teacher in terms of treatment and remediation than she can provide, some children have problems that affect their school performance but are determined by more than the school. These are the kinds of problems that arise directly out of the family setting. In fact it is usually difficult to define a serious problem in school as being unrelated to the child's family life. Older children and adolescents are likely to have problems centering about the expression of sexual and social needs which require direct intervention. Then there are those students who are concerned with identifying themselves and their purpose in life. Finally, there are those who really see themselves in need of

some kind of psychological help who are quite willing to identify themselves as clients and recipients of direct service.

In summary there is a need to provide direct psychological services to youngsters presenting a variety of problems defined either by others or by themselves. Although hopefully the needs for these kinds of services will diminish, as more effective preventative programs are implemented and as psychological services can be expanded through the use of consultative models, it is unlikely that they will disappear. Although it is of secondary importance, it should also be noted that people enter the field of school psychology with a variety of interests and abilities. Consequently it is likely that there are many who will be temperamentally suited for and primarily interested in providing clinical restorative services.

Consequently it is proposed that we do not banish the clinical model in its entirety as we establish new models for school psychologists. Rather it is proposed that a clinical model be developed which takes advantage of the knowledge and desirable features that have accrued to the old model and at the same time incorporates new knowledge and direction. It is proposed that we name it "Clinical restorative" which hopefully will also mitigate some of the undesirable connotations that have accrued to the term clinical. (I now think that a better name might be "Agent for Behavior Change.") This model would allow the psychologist in the schools to work with those students who are not most advantageously reached through classroom consultation and those children whose problems have not been prevented through school-wide and community-wide intervention programs. In defining this model as both clinical and restorative it must be noted that clinical is used as a relative term. It is not to imply that the service has to take place in some building which exists apart from the school. At this point

in time psychologists can hardly stay put in a clinic, and under the rubric of this model it would be permissible for the psychologist to go to the client as well as for the client to come to him. In this model the psychologist would act more as a direct agent of behavior change than as a consultant--though it is hard to draw the line,--and as has been indicated earlier, I do have some doubts about complete specialization.

The restorative term in the title presumes that the client is in considerable difficulty as opposed to the child who is being dealt with on a preventative basis. However, it means not only helping him get back to a former state of well-being but it may also mean going beyond it.

The emphasis on restorative in the model implies treatment and/or remediation, and in any event a change in behavior. Assessment has a place in the functioning of a school psychologist in this model, only insofar as it leads to the client's being better off for having been assessed. Although some might say that the emphasis on treatment raises the issue about school psychologists doing psychotherapy, it is my feeling that this issue is now a dead one. I would contend that school psychologists can and must function as agents of behavior change. Thus, psychotherapy, treatment, behavior modification, counselling, or whatever can be the proper province of the school psychologist.

The term treatment is purposely left broad. This model does not presume a single treatment method nor does it presume a single theoretical orientation. In fact it is now possible as a viable model because if the age of therapeutic effectiveness is not upon us it certainly is dawning. We are at the point where we can think of using specific techniques for specific problems. The school psychologist functioning within this model would be able to employ behavior modification techniques,

desensitization for learning problems, philias and phobias. It could be a particularly valuable framework for developing self-monitering techniques for those working within a behavior modification framework. The use of modeling in producing behavior change would also be possible. Didactic approaches to behavior change are acceptable, if effective. Encounter groups as well as traditional group therapy approaches could be employed. The model would also allow school psychologists to function as therapists for those students who are desirous of self exploration and who are attempting to work out some meaning in life.

The use of family therapy would be essential for those working in this sort of model. As has been noted previously, school psychologists are ready and willing to acknowledge the importance of the family in determining the behavior of the child. However, school psychologists have not been so ready and willing to get as deeply involved in working with families as may be necessary to bring about effective change in behavior. Again there are now a variety of ways with which the family can be dealt therapeutically. Some of these might involve more traditional ways of dealing with family relationships, others can involve such apparently mundane things as teaching parents how to more effectively help their children adapt to life. It might be noted parenthetically that parents can serve as effective tutors for their children who have learning problems if they are provided with competent and adequate assistance by school psychologists.

As has been noted assessment is a part of the model only insofar as it leads to treatment or advantageous education and psychological programming for the child. The model would leave little room for routine testing which results in scores or the application of terms which get no where. Actually assessment outside of the classroom would take place

only when a person such as the classroom consultant psychologist and the teacher would need information for programming for the child that would not ordinarily be available through classroom observation. Thus there may be cases of educational disability where additional assessment is necessary to better define the problem and to lead to remediational programming. In the same way social and personality assessment that would take place within the clinical restorative model would be concerned with getting leads for treatment rather than terms for classification.

There are several implications for training inherent in this model. The emphasis on producing positive behavior change requires that training programs expose students to a variety of treatment techniques. A good portion of school psychologists who attempt to act as change agents have not had adequate training opportunities. This lack is probably the fault of both the real world in which psychologists have functioned in which it is not demanded that they produce behavior change in students as well as the training institutions which have not presented treatment techniques in their programs. The notion has been established and nourished that school psychologists are competent to perform some kinds of evaluations, but that they somehow or other lack a prerequisite ability which will allow them to become behavior changers, and they are not likely to become qualified or to do this through training. Part of the previous lack of emphasis on treatment may also be a result of the fact that more effective treatment techniques have just been recently emerging.

It means that testing has to be taught with a different orientation. That is, testing is not just for the purpose of categorizing people but rather that testing is ultimately for the purpose of helping someone be better off than he was before. This probably means that the more useful kinds of

instruments and procedures will be needed in making evaluations, and that as they are developed they will have to be taught to new people in the field.

It is likely that this approach generally offers some benefits that might not be available under other models. One of these is that in training the student is forced into direct contact with his clients. He must get to know them intimately and be able to confront them directly. The clinical approach also means that the student must assume responsibility for someone else. The clinical-restorative model emphasizes the individuality of the client. Even though there are generalities in the determination of behavior, it is recognized in this model that these generalities have their idiocyncrasies when applied to individual children. The direct relationship also emphasizes the fact that the youngster is the psychologist's client. That is, he works for him as opposed to the school. Even though the clinical restorative model does not entirely mitigate the danger of making all children adapt to the system, it does allow and perhaps encourage the possibility that some children can be helped to adequately beat the system.